

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004


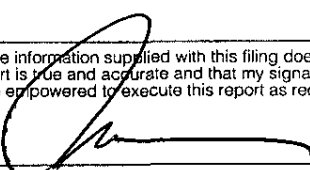
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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



01122004 Chg-LP CR2E003 (10/03)

DOCUMENT # A98000002032					
1. Entity Name ROOT REAL ESTATE IV, LTD.					
Principal Place of Business 275 CLYDE MORRIS BLVD. ORMOND BEACH, FL 32174		Mailing Address 275 CLYDE MORRIS BLVD. ORMOND BEACH, FL 32174			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3525842	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VOGES, WILLIAM J 275 CLYDE MORRIS BLVD. ORMOND BEACH, FL 32174				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$502,550.00		10. Amount of Capital Contributions in FLORIDA to date. \$518,390.00			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P00000093902		STREET ADDRESS		
NAME	ROOT REAL ESTATE CORP.		CITY-ST-ZIP		
STREET ADDRESS	275 CLYDE MORRIS BLVD.				
CITY-ST-ZIP	ORMOND BEACH, FL 32174				
DOCUMENT #	M94000000022		STREET ADDRESS	600034668716	
NAME	RDT, L.L.C.		CITY-ST-ZIP	04/29/04--01033--006 **637.13	
STREET ADDRESS	275 CLYDE MORRIS BLVD.				
CITY-ST-ZIP	ORMOND BEACH, FL 32174				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: 		Philip Maroney, Vice Pres 4/7/04 386.671.4908			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date		Daytime Phone #	

STAPLE CHECK HERE

#52625